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MEMORANDUM

TO: Designated Institutional Officials Institutional and Program Administrators Member Organizations of the ACSME Residency Review Committee Chairs Resident Physician Organizations

FROM: David C. Leach, M.D. Executive Director, ACGME (312) 464-4950

DATE: March 1, 2000

RE:

Statement of ACGME Relating to November 26, 1999 Decision of National L∈bor Relations Board Holding Resident Physicians to be "Employees"under the National Labor Re ∈ tions Act

On November 26, 1999, the National Labor Relations Board (NLRB) rendered a decision incliding resident physicians to be "employees" under the National Labor Relations Act, Boston Medical Center Corp, at a floor of House Officers' Association/Committee of Interns and Residents. In so holding, the NLRB reversed two of is prior decisions, issued in 1976 and 1977, in which it had held that resident physicians are not "employees," under he National Labor Relations Act (NLRA). The mejor impact of the decision is that resident physicians in teaching hospitals and related settings who are not already covered by a state collective bargaining law, may organize in I abor unions and bergain collectively as "employees," with the full rights and protections of the NLRA.

As the accrediting organization for medical residency programs in this country, the ACGME establishes educational standards for medical residency programs and compares individual programs with the standards. This process results in accreditation decisions for programs.

Numerous persons and entities rely upon ACGME accreditation declaions for assurence that residency programs have met substantially its educational standards and are thus capable of educating physicias to engage in the independent practice of medicine. These persons and entities include medical students, resist ent physicians, medical specialty boards, hospitals, healthcare institutions, state physician licensing agencia s and HCFA.

At its June 23, 1998 meeting, the ACGME approved revisions to the Institutional Requirements that addressed several issues to protect residents in their working environment. The revisions made at that I me were based on the following principles:

- 1. Residents are first and foremost students, rather than employees, and all accrusitation standards and activities reflect this distinction,
- Residents need to be protected as students with respect to their educational environment and the clinical settings in which they learn.
- 3. Residency settings vary substantially from place to place throughout the country. Thus, solutions to the resident protection issues which have been articulated should be implemented at local levels rather than by a single national plan. Institutions must be accountable for addressing is sident concerns and issues at the local level.

The ACGME has applied its Program and Institutional Requirements for some time to medical residency programs at state institutions with physician resident unions, and it does not anticipate substantial changes in its standards as a result of the Boston Medical

Canter decision. Nevertheless, the ACGME's Institutional Review Committee (IRC) seeks recommendations to be forwarded to the ACGME at its June 25-27, 2000, on potential amendment of Institutional and Program Requirements due to the Boston Medical Center decision.

The ACGME invites suggestions on amendment to the current issues of all requirements due it the Boston Medical Center decision. Such suggestions should make specific reference to the particular requirement(s), they should be addressed to Ms. Cynthia Taradejna, Executive Director of the institutional Review Committee, and they should be received by the ACGME no later than April 1, 2000. Responses can also be e-nailed to positionsimt@acqme.org

Institutions are requested to circulate this memorandum to its Graduate Medical Education Continities and to all program directors and residents. A copy of this memorandum may also be found on the ACGME's web site (www.acgme.org).

ca: ACGME Members
Shelton Horowitz, M.D., ABMS
Frank A. Simon, M.D., AMA
Read V. Tuckson, M.D., AMA
Michael E. Whilcomb, M.D., AAMC
Mambers, Institutional Review Committee



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